

Congresswoman Shelley Moore Capito **2nd District, West Virginia**

Thank you for expressing an interest in interning for our office. Enclosed is an application for the intern program. Please type or print clearly all information and in complete detail. The deadline for submitting applications to the summer program will be **April 15, 2001**. Any applications received after the deadline will be considered based on availability in the program. If you have questions or concerns please feel free to contact me at 202-225-2711.

Krista Sheets
Intern Coordinator
C/o Rep. Capito
1431 Longworth HOB
Washington, DC 20515

I. Personal Information

Name: _____
(Last) (First) (Middle) (Preferred)

Date of Birth: ____/____/____ Age: _____ SSN: _____

Permanent Address: _____

Mailing Address (if different): _____

Home Phone: (____) _____ Other Phone: (____) _____

II. Educational Information

Name and Address

Dates Attended

Graduation Date

Honors/Activities

High School:

College:

Other:

Additional Comments:

III. Work Experience

Company & Address:

Title:

Supervisor:

Phone #:

Dates employed:

Responsibilities:

OK to contact: Yes__No__

Company & Address:

Title:

Supervisor:

Phone #:

Dates employed:

Responsibilities:

OK to contact: Yes__No__

[illegible]

V. Essay

Please explain using between 100-200 words why you would like to intern for Congresswoman Capito. (This may be put on a separate sheet of paper.)

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